

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | S B | 575 | 09-13-01 |
| RESPONSE FORMALITY REVIEW | 20 | 1072 | 10/09/01 |
| Response | K | 1019 | 12-11-01 |

INDEX OF CLAIMS

| | | | |
|---|-------------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral)... Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Claim | Date |
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| Final Original | |
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If more than 150 claims or 10 actions
staple additional sheet here

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1/19/02
04/14/01
5/29
10-24-01

9/4/1
10/1/01